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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 10-690929

APPLICATION AS FILED – PART I

	(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE ($)	FEE ($)		RATE ($)	FEE ($)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							
SEARCH FEE (37 CFR 1.16(k), (i), or (m))							
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))							
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*	x 25 =		OR	x 50 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	x 100 =			x 200 =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))			180			360	
			TOTAL			TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

11-21-05

	(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ($)	ADDI-TIONAL FEE ($)		RATE ($)	ADDI-TIONAL FEE ($)
Total (37 CFR 1.16(i))	* 10	Minus	** 20	= /	x 25 =		OR	x 50 =	
Independent (37 CFR 1.16(h))	* 4	Minus	*** 4	= /	x 100 =		OR	x 200	
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					180		OR	360	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

	(Column 1)		(Column 2)	(Column 3)	RATE ($)	ADDI-TIONAL FEE ($)		RATE ($)	ADDI-TIONAL FEE ($)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
Total (37 CFR 1.16(i))	*	Minus	**	=	X =		OR	X =	
Independent (37 CFR 1.16(h))	*	Minus	***	=	X =		OR	X =	
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							OR		
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.